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PTO/SB/50 (08-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	153501-0321
	First Named Inventor	Bosley, R. et al.
	Original Patent Number	5,873,235
	Original Patent Issue Date (Month/Day/Year)	February 23, 1999
	Express Mail Label No.	EL 089 007 400 US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) (unexecuted)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) (unexecuted) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96) (unexecuted)		14. Other: Request for Abstract of Title	

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	 (Insert Customer No. or Attach bar code label here)			<input checked="" type="checkbox"/> Correspondence address below
Name	IRELL & MANELLA LLP			
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NAME (Print/Type)	Robert Popa	Registration No. (Attorney/Agent)	43,010
Signature		Date	February 13, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 153501-0321				
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	or	Rate	Fee
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 19	**** 0 = x \$ 0 =				x \$ =	
(C) 3	Independent claims (37 CFR 1.16(l))	(D) 3	* 0 = x \$ 0 =			x \$ =		
				Basic Fee (37 CFR 1.16(h)) \$ 355				
				Total Filing Fee \$ 355				
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 19	MINUS	** 20	* = 0 x \$ 0 = 0		x \$ =		
Independent Claims (37 CFR 1.16(l))	*** 3	MINUS	**** 3	= 0 x \$ 0 = 0		x \$ =		
				Total Additional Fee 0				
OR \$								
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
02/13/01		 Signature of Applicant, Attorney or Agent of Record						
Date		Robert Popa						
		Typed or printed name						

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**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

153501-0321

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) **Capstone Turbine Corporation**

Patent Number	5,873,235	Date Patent Issued	February 23, 1999
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Title of Invention **Liquid Fuel Pressurization and Control Method**

1. Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are Capstone Turbine Corporation, and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Capstone Turbine Corporation

Signature	Date
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Typed or printed name and title of person signing for assignee (if assigned)

Jeffrey Watts, Chief Financial Officer